



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH SERVICES AND LICENSURE
APPLICATION FOR STEMI CENTER REVIEW AND DESIGNATION

SECTION A			
In accordance with the requirements of the Chapter 190 RSMo and the applicable regulations, this application is hereby submitted for review and designation as a STEMI center. Please complete all information applicable to the requested designation level.			DESIGNATION LEVEL REQUESTED <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
HOSPITAL INFORMATION			
NAME OF HOSPITAL (NAME TO APPEAR ON DESIGNATION CERTIFICATE)		TELEPHONE NUMBER	
ADDRESS (STREET AND NUMBER)	CITY	ZIP	
PROFESSIONAL INFORMATION			
CHIEF EXECUTIVE OFFICER		CHAIRMAN/PRESIDENT OF BOARD OF TRUSTEES	
STEMI MEDICAL DIRECTOR		STEMI PROGRAM MANAGER	
MEDICAL DIRECTOR OF EMERGENCY MEDICINE		MEDICAL DIRECTOR OF INTENSIVE CARE/CARDIAC CARE UNIT	
RESOURCE INFORMATION			
STEMI CASELOAD		STEMI TEAM ACTIVATIONS	
CARDIAC CATH LAB TEAM ACTIVATIONS FOR STEMI		CT CAPABILITY <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE	
MRI CAPABILITY <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE		CARDIOTHORACIC SURGERY CAPABILITY OR PLAN	
ICU/CCU BEDS		CATH LAB SUITES	
CARDIAC REHAB <input type="checkbox"/> PHASE I <input type="checkbox"/> PLAN FOR REHAB		CARDIOLOGISTS	
INTERVENTIONAL CARDIOLOGISTS		CARDIOTHORACIC SURGEONS	
ED PHYSICIANS		ANESTHESIOLOGISTS/CRNAs & AAs	
AVG ELECTIVE PCI/PRIMARY PCIs OVER THE LAST 3 YEARS (NOT REQUIRED FOR INITIAL REVIEW)		AVERAGE STEMI CASES LYTICS ELIGIBLE/STEMI CASES THAT RECEIVE LYTICS IN THE PAST 3 YEARS (NOT REQUIRED FOR INITIAL REVIEW)	
CERTIFICATION			
We, the undersigned, hereby certify that the information provided in this application for STEMI center review and designation is true and accurate; and give assurance of the intent and ability of the hospital to comply with regulations promulgated under Chapter 190 RSMo. We further certify that the hospital will comply with all recommendations for improvement contained in the STEMI center site review reports prepared by the Missouri Department of Health and Senior Services.			
DATE OF APPLICATION	SIGNED (CHAIRMAN/PRESIDENT OF BOARD OF TRUSTEES, OWNER, OR ONE PARTNER OF PARTNERSHIP)		
SIGNED (HOSPITAL CHIEF EXECUTIVE OFFICER)	SIGNED (STEMI MEDICAL DIRECTOR)	SIGNED (DIRECTOR OF EMERGENCY MEDICINE)	



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SECTION B

Please attach the following documentation to the application form.

NAME OF HOSPITAL

- Hospital organizational chart depicting the relationship of the STEMI services to other services and defining the organizational structure of the STEMI service.
- Job descriptions and CV for the STEMI medical director and STEMI coordinator/program manager.
- A narrative description of the administrative commitment for the STEMI center, including how STEMI center designation relates to the overall mission of the hospital.
- A current board resolution supporting the STEMI center.
- A narrative description of the catchment area for the STEMI center.
- A narrative description of the prehospital system including the hospital's participation in medical control, quality assurance, and education of the emergency medicine personnel.
- Hospital diversion policy.
- List of the STEMI medical direction and STEMI program coordinator or program manager (core STEMI team) indicating the cardiac related continuing education for each over the past three (3) years. (Do not send continuing education information about the clinical STEMI team. This should be available at the time of the review.)
- Multidisciplinary team policy.
- List of all cardiologists, cardiothoracic surgeons, interventional cardiologists and emergency department physicians indicating cardiac-related CME for each over the past three (3) years.
- List of mentors, if applicable, their relationship to the hospital and the mentor plan.
- Narrative description of the system for notifying/activating STEMI team.
- Cardiac catheterization lab team activation protocol.
- One-call cardiac catheterization lab activation by EMS protocol and/or by ED protocol.
- Copies of all transfer agreements pertaining to STEMI
- Policy for cardiac rehabilitation.
- Protocols on post-discharge and post-transfer follow-up for STEMI patients.
- A narrative description of the STEMI quality improvement (QI) processes utilized by the hospital (Do not send copies of QI minutes or documents. These should be available at the time of review.)
- Examples of STEMI-related educational, outreach, and research projects undertaken by the hospital.